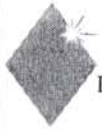


Aurita Prince Caldwell, M.Ed.



Policy Liaison
Department of Health and Senior Services
Section of Healthy Families and Youth

Definition

- ◆ Suicide or Completed Suicide (terms or used interchangeably)
- ◆ Someone takes his or her own life with conscious intent by lethal means
- ◆ Use of the word "successful" to describe suicide is discouraged.

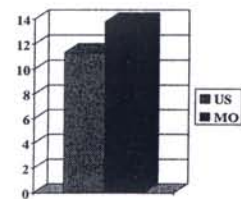
Is Suicide a Problem?

US 31,000 deaths by suicide

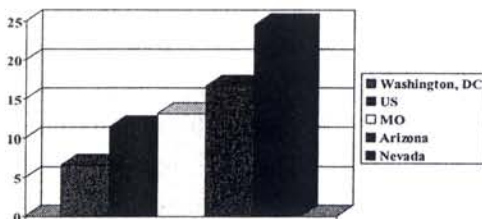
MO 710 deaths by suicide

Is Suicide a Problem In Missouri?

- ◆ 710 deaths by Suicide per year
- ◆ Missouri ranks 23 in the nation.
- ◆ Missouri's suicide rate is higher than the national rate.



Western States have higher Suicide Rates

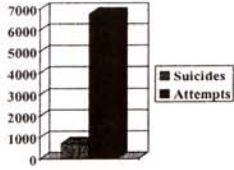


Definition: Suicide Attempt

- ◆ A non-fatal outcome for which there is evidence (either explicit or implicit) that the person believed at some level that the act would cause death.
- ◆ A suicide attempt may or may not cause injuries.
- ◆ Includes acts that are thwarted due to discovery and resuscitation.

Are attempted Suicides a problem?

- ◆ Outpatient visits and admissions
- ◆ nearly 10x the # of suicides in Missouri
- ◆ Above the national average of 8x
- ◆ outpatient visits increased by 20%



Category	Count (approx.)
Suicides	1000
Attempts	7000

Definition: Survivor

- ◆ Any individual who was emotionally close to a person who died by Suicide.
- ◆ Grieving process is complicated by:
 - a. The untimely, unexpected and unnatural death, and
 - b. The stigma associated with suicide.
- ◆ Survivors are at an increased risk of Suicide (especially during the 1st six months)


Survivors

- ◆ Each suicide intimately affects 6 other people (estimate)
- ◆ 1 in 59 people are survivors (based on # of suicides in the last 25 years in the US)
- ◆ # grows by 180,000 each year

Advancing the Scientific Understanding of Suicide

- ◆ US Public Health Service - 1958
- ◆ National Institute of Mental Health - 1966
- ◆ American Association of Suicidology
- ◆ American Foundation for Suicide Prevention
- ◆ Center for Disease Control and Prevention - 1983

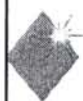
*Suicide is a public health problem:
Using a Public Health Approach*



- Defining the Problem
- Identify Risk and Protective factors
- Develop and Test Interventions
- Implement Interventions
- Evaluate Effectiveness

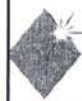
Risk Factors

A combination of stressful events, situations, and/or conditions that may increase the likelihood of suicide, especially when several coincide at any given time.



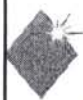
Demographic Risk Factors

- ◆ Age
- ◆ Gender
- ◆ Race
- ◆ Geographic Location
- ◆ Marital Status



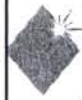
Biopsychosocial Risk Factors

- ◆ Mental Disorders
- ◆ Alcohol and other substance use Disorders
- ◆ Hopelessness
- ◆ Impulsive and/or aggressive tendencies
- ◆ History of trauma or abuse
- ◆ Some major physical illnesses
- ◆ Previous suicide attempts
- ◆ Family history of suicide



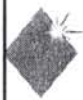
Environmental Risk Factors

- ◆ Job or financial loss
- ◆ Relational or social loss
- ◆ Easy access to lethal means
- ◆ Local clusters of suicide that have a contagious influence



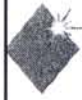
Sociocultural Risk Factors

- ◆ Lack of social support and sense of isolation.
- ◆ Stigma associated with help-seeking behavior
- ◆ Barriers to accessing health and mental health services (substance abuse treatment)
- ◆ Certain cultural and religious beliefs (belief that suicide is a noble resolution)
- ◆ Exposure to, including through the media, and influence of others who have died by suicide.



Protective Factors

Factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.



Protective Factors

- ◆ Effective clinical care for mental, physical and substance use disorders
- ◆ Easy access to a variety of clinical interventions and support for help-seeking
- ◆ Restricted Access to highly lethal means of Suicide.
- ◆ Strong connections to family and community support



Protective Factors

- ◆ Support through ongoing medical and mental health care relationships
- ◆ Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- ◆ Cultural and religious beliefs that discourage suicide and support self-preservation



Evidence-based Strategies

Case Identification

1. School-based Awareness
2. Hot Lines
3. Gatekeeper Training
4. Screening

Risk Factor Reduction

1. Restrictions of Lethal Means
2. Media Education
3. Postvention/Crisis Intervention
4. Skills Training



Case Identification Strategies

School-based Suicide Awareness Curricula

- ◆ Based on the theory that students are more likely to turn to peers than adults
- ◆ Studies report no benefits, some benefits, and detrimental benefits
- ◆ No help-seeking benefits shown - more maladaptive coping responses among boys
- ◆ increase suicide ideation among adolescents



Case Identification Strategies

Crisis Centers and Hot lines

- ◆ Theory that individuals will utilize these services in crisis situations
- ◆ Effective only if people use them.
- ◆ Most effectively used by young white females - significant reduction in rates
- ◆ Little or no male use.



Case Identification Strategies

Gatekeeper Training

- ◆ Develop knowledge and skills of natural helpers to identify individuals at risk
- ◆ Studies showed an increase knowledge and skills among those trained.
- ◆ Significant improvement of trainees in their preparation for crisis.



Case Identification Strategies

Screening

- ◆ Purpose is to identify at risk individuals through direct screening.
- ◆ Individuals who screened "at risk" showed higher levels of risk factors and lower levels of protective factors
- ◆ Large number of false positives necessitates a second-stage evaluation.



Risk Factor Reduction Strategies

Restriction of Lethal Means

- ◆ Reduce access to lethal methods during periods of impulsiveness - targets the most common method
- ◆ Studies suggest Firearm restrictions can reduce overall suicide rate.
- ◆ Safer prescription practices, reduction of carbon monoxide content of automobile exhaust



Risk Factor Reduction Strategies

Media Education

- ◆ Produce media stories that minimize harm through suicide contagion.
- ◆ Emphasizes media's positive role in educating the public
- ◆ Decline in rates following implementation of guidelines for news reporting in Australia



Risk Factor Reduction Strategies

Postvention/Crisis Intervention

- ◆ Assist survivors in the grief process and identify and refer "at risk" survivors.
- ◆ Goal is to conduct timely interventions towards survivors to reduce subsequent morbidity and mortality
- ◆ Little research, only public concern over clusters



Risk Factor Reduction Strategies

Skills Training

- ◆ Emphasis on the development of problem solving, coping and cognitive skills.
- ◆ Produce an immunization effect against suicidal feelings and behaviors
- ◆ Several studies show evidence of effectiveness



Limited Access to Resources

- ◆ Mental Health
- ◆ Substance Abuse
- ◆ Barriers:
 - Financial
 - Structural
 - Personal
 - Associated Stigma



Challenges to Overcome

- ◆ Incomplete knowledge base
- ◆ Development of interventions
- ◆ Allocating scarce human and monetary resources
- ◆ Prevention and/or treatment argument
- ◆ Tendency towards short term planning



QPR

Ask A Question, Save A Life



QPR

Question, Persuade, Refer



QPR

- ◆ QPR is not intended to be a form of counseling or treatment.
- ◆ QPR is intended to offer hope through positive action.



QPR

Suicide Myths and Facts

- ◆ **Myth** No one can stop a suicide, it is inevitable.
- ◆ **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- ◆ **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- ◆ **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- ◆ **Myth** Only experts can prevent suicide.
- ◆ **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.



QPR

Myths And Facts About Suicide

- ◆ **Myth** Suicidal people keep their plans to themselves.
- ◆ **Fact** Most suicidal people communicate their intent sometime during the week preceding their attempt.
- ◆ **Myth** Those who talk about suicide don't do it.
- ◆ **Fact** People who talk about suicide may try, or even complete, an act of self-destruction.
- ◆ **Myth** Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- ◆ **Fact** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...



QPR

Suicide Clues And Warning Signs

The more clues and signs observed, the greater the risk. Take all signs seriously.



QPR

Direct Verbal Clues:

- ◆ "I've decided to kill myself."
- ◆ "I wish I were dead."
- ◆ "I'm going to commit suicide."
- ◆ "I'm going to end it all."
- ◆ "If (such and such) doesn't happen, I'll kill myself."



QPR

- ◆ "I'm tired of life, I just can't go on."
- ◆ "My family would be better off without me."
- ◆ "Who cares if I'm dead anyway."
- ◆ "I just want out."
- ◆ "I won't be around much longer."
- ◆ "Pretty soon you won't have to worry about me."



QPR

Behavioral Clues:

- ◆ Any previous suicide attempt
- ◆ Acquiring a gun or stockpiling pills
- ◆ Co-occurring depression, moodiness, hopelessness
- ◆ Putting personal affairs in order
- ◆ Giving away prized possessions
- ◆ Sudden interest or disinterest in religion
- ◆ Drug or alcohol abuse, or relapse after a period of recovery
- ◆ Unexplained anger, aggression and irritability



QPR

Situational Clues:

- ◆ Being fired or being expelled from school
- ◆ A recent unwanted move
- ◆ Loss of any major relationship
- ◆ Death of a spouse, child, or best friend, especially if by suicide
- ◆ Diagnosis of a serious or terminal illness
- ◆ Sudden unexpected loss of freedom/fear of punishment
- ◆ Anticipated loss of financial security
- ◆ Loss of a cherished therapist, counselor or teacher
- ◆ Fear of becoming a burden to others



QPR

Tips for Asking the Suicide Question

- ◆ If in doubt, don't wait, ask the question
- ◆ If the person is reluctant, be persistent
- ◆ Talk to the person alone in a private setting
- ◆ Allow the person to talk freely
- ◆ Give yourself plenty of time
- ◆ Have your resources handy; phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it



QUESTION

Less Direct Approach:

- ◆ "Have you been unhappy lately?
Have you been very unhappy lately?
Have you been so very unhappy lately that you've been thinking about ending your life?"
- ◆ "Do you ever wish you could go to sleep and never wake up?"



QUESTION

Direct Approach:

- ◆ "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- ◆ "You look pretty miserable, I wonder if you're thinking about suicide?"
- ◆ "Are you thinking about killing yourself?"

NOTE: If you cannot ask the question, find someone who can.



PERSUADE

HOW TO PERSUADE SOMEONE TO STAY ALIVE

- ◆ Listen to the problem and give them your full attention
- ◆ Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- ◆ Do not rush to judgment
- ◆ Offer hope in any form



PERSUADE

Then Ask:

- ◆ Will you go with me to get help?"
- ◆ "Will you let me help you get help?"
- ◆ "Will you promise me not to kill yourself until we've found some help?"

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.



REFER

- ◆ Suicidal people often believe they cannot be helped, so you may have to do more.
- ◆ The best referral involves taking the person directly to someone who can help.
- ◆ The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- ◆ The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.



REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.



For Effective QPR

- ◆ Say: "I want you to live," or "I'm on your side...we'll get through this."
- ◆ Get Others Involved. Ask the person who else might help. Family? Friends? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician?



For Effective QPR

- ◆ Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.
- ◆ Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.



REMEMBER

**WHEN YOU APPLY QPR, YOU
PLANT THE SEEDS OF HOPE.
HOPE HELPS PREVENT
SUICIDE.**



Suicide Prevention Resources

- ◆ Insurance Plans
- ◆ EAP Programs
- ◆ 1-800-423-TALK
- ◆ www.dhss.mo.gov
- ◆ www.dmh.mo.gov/cps/suicide/resources.htm
- ◆ Crisis Hotlines (DMH)